

Tobin Family Chiropractic Center

<u>New Patient Examination</u>	<u>\$95</u>
<u>Established Patient Re-examination</u>	<u>\$50</u>
<u>Radiographic X-Rays taken</u>	<u>full spine \$150</u>
<u>Radiographic X-Rays taken</u>	<u>per area \$50</u>
<u>X-Ray Analysis and Explanation</u>	<u>No Charge</u>
<u>Chiropractic Adjustment</u>	<u>\$60</u>

Individual and Family Chiropractic Care Plans are available and will be discussed during the first 3 visits of care.

Financial Policy:

I acknowledge the above fee schedule, and realize that I am ultimately responsible for my bill. I understand that I may need more care than my insurance company will authorize or cover and I agree to pay for that care.

If I do not have insurance to cover the services rendered, I understand that payment is due in full on the day that services are rendered, unless other arrangements are made.

If I have insurance that requires me to pay a co-payment, I understand that payment of my co-pay is due in full on the day that services are rendered, unless other arrangements are made. I understand that all non-covered supplies must be paid for on the day they are received, and that in order to continue receive treatments, the PATIENT PORTION of my balance may not exceed \$100.

Signature: _____ **Date:** _____

For your convenience, we accept Cash, Checks, Visa, and MasterCard. As a courtesy to you, our patient, we will submit claims to your insurance company. If claims are not paid within 30 days, we will forward you a copy of your bill. Since the insurance contract is between YOU and YOUR INSURANCE COMPANY, we suggest that you contact them for the status of payment, as you are ultimately responsible for your bill. Any additional information needed from our office will be supplied with pleasure.